

Coping with Cancer – A Doctor as Patient (Part 1) *By Dr Richard Yung*

It is not easy to take care of a doctor who is sick. Try as you may to treat the person like any other patient, the reality is that the doctor-patients have different values, understanding and expectations from other patients.



I have Multiple Myeloma with renal and long bone involvement and since November 1998, have undergone chemotherapy and stem cells transplant.

I graduated in medicine in 1960 and retired in 1998 from active obstetrics and gynaecology practice. Throughout my medical career, I have seen much joy as well as pain. Professionally, I was seldom emotionally involved in suffering. Only when illness struck my own family or myself, then my views became more subjective.

The motto of King Edward VII Medical College, the predecessor of the medical school in the National University of Singapore (NUS), was "Not to be ministered unto, but to minister." Now this role has been reversed for me, and I am at the receiving end of our profession. I am no longer in control. I have to trust others and depend on them for my well-being and comfort.

For years, I wonder what I could be hit with at the end of the day. I used to say to myself, "You're going to get something. But what?" Now I know. At least I didn't ask, "Why me?"

AN ACTIVE LIFE

All along I have been quite healthy, leading an active life. Serving in the SAF reserve for more than 20 years, I spent a large part of each year in uniform, both in Singapore and overseas. I liked the outdoors, walking in jungles and the bush. In the mid 1990s, a group of friends and I completed the 6-day Overland Track walk in the Tasmanian Cradle Mountains and also the Milford Track in New Zealand.

For regular exercise, I used to jog six days a week in MacRitchie Reservoir, doing

up to 10 km in an hour. I even got a certificate for completing a Quarter Marathon. My friend Jerry Lim asked me, "What are you preserving your heart for? For cancer?" What fateful words! But I got the picture. My friends running long distance were getting osteoarthritis of their knees and ankles. So, to keep fit, I changed to walking instead.

MULTIPLE MYELOMA, STAGE IIIB
Meanwhile I just got older. In July 1998, what I thought was a relapse of my 'senile' asthma brought me to the Singapore General Hospital (SGH). My physician conducted a general check and found my haemoglobin to be around 10 grams. Further investigations were delayed because I had to attend a conference I helped organise at Yale.

Upon my return, I started the round of doctors' offices - gastroenterologist's, nephrologist's and then to haematologist's. Finally after renal and marrow biopsies, the verdict was Multiple Myeloma, Stage IIIB.

I was a little taken aback but took the news initially like a good soldier, a professional. Right, we have a problem. How shall we deal with it? Who shall we see? What should the treatment be?

That night, the shock set in. With the prospects of a bad prognosis, I felt my world was crushing down on me. My wife and I found comfort in each other as we faced the situation as a team. To say we were not depressed and worried would be a lie.

FACING LIFE TOGETHER

Even though we have reached retirement age and our children have all settled in

their careers and started families, we were still a bit reluctant to call it a day so soon. Human beings are never satisfied. This reminds me of an old friend whom I saw a couple of months ago. He is 72 with lung cancer and bad arthritis. "Offhandishly", I made a casual remark like this, "Well, when you get to our age, anything could happen." But he smiled wryly saying, "Is there any harm hoping to have a few more years?"

My wife and I always talk things over, pouring out our deepest feelings, and constantly praying together. We started doing this when she was very ill some 30 years ago. She had to go through two lots of major abdominal operations for intestinal obstruction, ten years apart, from which she nearly died. It was agonising to see her endure old-fashioned drip and suction for two months during the first episode. She was very ill, and the surgeons told me they had done all they could. Our youngest son was only five at the time.

In our desperation, we turned to the Almighty. Our whole church prayed, our friends in other churches prayed. The Malay OT attendant went to mosque and prayed. With divine help, her faith and her will to live pulled her through. More than ten years later in 1985, the episode was repeated. Fortunately this time an Israeli surgeon friend with war experience suggested the use of a central line and suction through a gastrostomy tube. This made life a little more comfortable for her. Again, after one of the laparotomies to free the adhesions, our surgeon told me that he had done all he could. But it took some four months for her to get over her

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ordeals. Once more, we believe, prayers carried the day.

Now it was my turn, and she was there all the way for me. Her courage and fortitude, and her will to live have given me the example and lead. I said to myself, "If she could put up with all that suffering, I must try."

The night after we got the bad news, in our depressed state, we prayed earnestly and hard for help and guidance, pouring out our concerns and worries. Only after we had completely placed ourselves in the Divine Hand, did peace of mind come to us. We were then able to think clearly, listen to our doctors' advice and make the necessary decisions.

A DIFFERENT LANGUAGE

I had never seen a case of Multiple Myeloma until my own. At least my wife got a Myeloma slide for her Pathology finals. While undergoing treatment at the SGH, we discovered the haematologists were speaking a different language. A houseman recommended to us a simple textbook on Immunology and Haematology for Students, but we could not understand the terminology.

A few months ago we met an old surgeon at a restaurant. I asked what he was doing in his retirement. "Nothing," he replied. "Don't you attend CME medical talks anymore?" I asked as he used to be a regular at these lectures. "I can't understand the language they speak," he said. I guess this is the meaning of the cycle of Life.

CHEMOTHERAPY, TRANSPLANT AND COMPLICATIONS

The past two years, I was admitted to SGH 17 times, received five courses of VAD (Vincristine, Adriamycin and Dexamethasone) and three of cyclophosphamide in increasing doses to culminate in an autologous stem cells transplant in July 1999. I am not a good pill-swallower. Even a panadol may make me gag. Yet before the last course of cyclophosphamide, I had to swallow 480 bulsulphan tablets, 120 tablets per day for four days!

Marrow biopsy repeated in October 1999 showed evidence of a relapse of the myeloma. I was put on Thalidomide, to which I responded well. By November, I had developed the first episode of thrombocytopenia, which was corrected with steroids.

In February 2000, out of the blue, I was hit with GBS (Guillain Barre Syndrome). Thalidomide was stopped nevertheless because of its known neurotoxicity and therefore a possible culprit. Fortunately, the GBS was arrested with high-dose Intra-Gram (Intravenous Gamma-globulin) when the neuropathy reached pelvic level. However, I had to learn to walk all over again. Two months later, I managed to discard the walking stick. I am much better now, though still having some numbness and "pins and needles" in my feet.

In November 2000, the second episode of thrombocytopenia occurred. For this I was admitted for treatment twice. Cyclosporin was added to the prednisolone. I suppose some fine titration is needed between immuno-suppression and my post transplant immune system and the situation is now under control.

It took me four months after my last course of chemotherapy to get over its side effects and for new hairs to appear. I don't have to describe to you what these effects are. You see them in your own patients. The worst in my memory was the herpes zoster affecting my sacral second to fourth segments. I wouldn't care to have it again. But my medical team was experienced. By appropriate and early treatment, they had managed to pre-empt or lessen many of these side effects, for which I was very thankful. The latest marrow in November 2000 was clear of myeloma cells.

A DOCTOR AS PATIENT

It is not easy to take care of a doctor who is sick. Try as you may to treat the person like any other patient, the reality is that the doctor-patients have different values, understanding and expectations from other patients. One tends to do too much, or sometimes, too little for them. Some of them can be very difficult, and may even want to dictate their own treatment. While the final decision must be theirs to make,

you cannot abdicate your responsibility of giving your recommendation for the best line of approach after presenting all the available choices.

Most of you have not been on the receiving end and may not fully appreciate that little things do matter to your patients, like constipation, sore bottom, timing of medications, irregular and inconvenient hours for investigations. When I was a medical student, one of my surgical teachers told us that all male students should have an urinary catheter passed up their urethra - at least once. In my time, they had not heard of local anaesthetic jelly. Take it from me, even with the local anaesthetics, it is not a pleasant experience.

As a doctor in the consulting room, I never quite appreciated the long hours patients had to wait before they saw me. When on occasion I had to wait more than 10 minutes to see a lawyer, I fumed and cursed. Now, at the clinic, I am just a number quietly waiting for my turn to get my blood taken, to have an X-ray taken, and finally to see my doctor. I have actually learned to be patient, and not to expect anything special because I happen to be a "medico".

Furthermore, as doctors we may think we know it all, but we don't. I have to admit that, with humility, this illness has given me a chance to learn from others how to cope with my own problems. ■

Editor's Note:

Part two of this article will be published next month. In it, Dr Yung discusses his source of strength and support that kept him going, his observations as to how other patients confront their illnesses and the importance of maintaining a positive attitude.

This article is based on a talk given by Col. (Retd) Dr. Richard H Yung at the NUH Oncology Grand Round on January 16th, 2001. The SMA-News thanks Professor John Wong who heads the NHG Cancer Program for encouraging the publication of this article.

Dr Yung MBBS (Adelaide) 1960, MRCOG 1966, FRCOG 1981, FAMS 1969; practised obstetrics and gynaecology in a private group practice from 1969 until he retired in November 1998. He is also known for his commitment to the Singapore Armed Forces (SAF) and was awarded the PPA (Military), PBM for his service. He was in the first group of 14 SMA members to volunteer for service in the SAF Reserve in 1970, with Drs Kwa Soon Bee, Chew Chin Hin, Jerry Lim and others. Mrs Yung Siew Muay (nee Foong), MBBS (Adelaide) 1957, DPH (Singapore) 1972, mentioned in the earlier part of this article was with the Maternal & Childhealth Services for her entire career in Singapore until her retirement in 1994.